

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10311 4. Contact Name: Christi Ng
 2. Name of Operator: SRC ENERGY INC Phone: (720) 616.4300
 3. Address: 1675 BROADWAY SUITE 2600 Fax: (720) 616.4301
 City: DENVER State: CO Zip: 80202 Email: cng@srcenergy.com

5. API Number 05-123-46243-00 6. County: WELD
 7. Well Name: Troudt Well Number: 40C-23-M
 8. Location: QtrQtr: NENW Section: 27 Township: 6N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CARLILE Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 9105 Bottom: 14856 No. Holes: 1296 Hole size: 0.46

Provide a brief summary of the formation treatment: _____ Open Hole:

9105-9618; 10957-11449; 12152-12542; 14712-14856

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
 Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: CARLILE-CODELL-FORT HAYS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/02/2018 End Date: 12/05/2018 Date of First Production this formation: 01/26/2019

Perforations Top: 7659 Bottom: 14856 No. Holes: 1296 Hole size: 0.46

Provide a brief summary of the formation treatment: _____ Open Hole:

Plug and perf completion type 36 stages. 161235 bbl of slickwater and gel. 72 bbl of 15% HCL acid used. 6031510 lb. of proppant (100+20/40+40/70 white sand).

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 161307

Max pressure during treatment (psi): 7742

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____

Min frac gradient (psi/ft): 1.02

Total acid used in treatment (bbl): 72

Number of staged intervals: 36

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): 2336

Fresh water used in treatment (bbl): 161235

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 6031510

Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/03/2019 Hours: 24 Bbl oil: 357 Mcf Gas: 603 Bbl H2O: 183

Calculated 24 hour rate: Bbl oil: 357 Mcf Gas: 603 Bbl H2O: 183 GOR: 1689

Test Method: flowing Casing PSI: 100 Tubing PSI: 1398 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1000 API Gravity Oil: 47

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7293 Tbg setting date: 12/30/2018 Packer Depth: 7271

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: CODELL Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: _____ End Date: _____ Date of First Production this formation: _____

Perforations Top: 7659 Bottom: 14670 No. Holes: 1296 Hole size: 0.46

Provide a brief summary of the formation treatment: _____ Open Hole:

7659-8942; 9618-10957; 11449-12152; 12542-14670

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: FORT HAYS Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 8942 Bottom: 14712 No. Holes: 1296 Hole size: 0.46

Provide a brief summary of the formation treatment: Open Hole:

8942-9105; 14670-14712

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Min frac gradient (psi/ft):
Total acid used in treatment (bbl): Number of staged intervals:
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized:
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt
** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:
Top of productive zone footages: 367'FSL 2522'FEL Section 22, T6N R66W. The bottom of the completed interval is at 351'FSL and 659'FEL of Section 23, T6N R66W.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Print Name: Christi Ng
Title: Sr. Regulatory Analyst Date: Email: cng@srcenergy.com

Attachment Check List

Table with columns: Att Doc Num, Name. Total Attach: 0 Files

General Comments

Table with columns: User Group, Comment, Comment Date. Stamp Upon Approval

Total: 0 comment(s)